

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **26699**

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>4212</b>		Registrar's No. <b>128</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b> <b>0420</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Blairstown</b>		c. LENGTH OF STAY (in this place) <b>17 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township). <b>Blairstown</b> <b>0420</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <b>Elizabeth</b> b. (Middle) <b>May</b> c. (Last) <b>Fisher</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 14, 1951</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>June 15, 1873</b>	
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (State or foreign country) <b>Lima, Ohio</b>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Marcus Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Melissa Jane Haller</b>	
13c. FATHER'S NAME		13d. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>Thomas Fisher</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lloyd Fisher, Blairstown, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardio-Vascular Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 4, 1940</b> , to <b>Aug 4, 1951</b> , that I last saw the deceased alive on <b>Aug 4, 1951</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Kelly Rowland M.D.</b>				23b. ADDRESS <b>Holden Mo</b>		23c. DATE SIGNED <b>8/15/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Aug/17/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blairstown</b>		24d. LOCATION (City, town, or county) (State) <b>Blairstown, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug-16-51</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Cook</b>		ADDRESS <b>Chilhowee, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 8-21-51 -----

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by -----

Student Embalmer No. -----

working under my personal supervision.

Student -----  
Student Embalmer

Signed -----

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.